Turner

Building L.I.F.E.®
Living Injury Free Every Day

PROJECT NAME
Guiding Eyes for the Blind

PRE-TASK PLAN

DATE: _____

COMPANY: _____ SUBCONTRACTOR FOR: _____ SHIFT: _____

TRADE / SCOPE OF WORK: _____ CREW COUNT: _____

CREW LEAD: _____ PHONE: _____ LOCATION / FLOOR: _____

HEALTH AND SAFETY PERMIT CONSIDERATIONS

Hot Work	☐ Y	☐ N	Ladders Last	☐ Y	☐ N	Aerial Lift / Scaffold	☐ Y	☐ N	Obstruction/Closures	☐ Y	☐ N
Lockout/Tagout	☐ Y	☐ N	Leading Edge	☐ Y	☐ N	Ground Penetration	☐ Y	☐ N	Hazardous Substance	☐ Y	☐ N
Confined Space	☐ Y	☐ N	Shaft	☐ Y	☐ N	Controlled Access	☐ Y	☐ N	Other:	☐ Y	☐ N

List Job Steps (Definable Features of Work)	**Identify All Specific Hazards For Each Step**	**How Will YOU Control the Hazards**
All persons entering the project, working on site, office jobsite trailer.	COVID-19 Exposure	Temperature scanning required for all personnel entering the site
Close contact work that does NOT allow for 6' distancing	COVID-19 Minimum PPE Requirements - Task Specific Gloves - Option 1: Surgical mask & goggles worn under full face shield - Option 2: Surgical mask worn under face shield/goggle combination - Option 3: KN-95 or similar mask with goggles	Cloth face covering that covers the nose & mouth (cotton cloth, bandana, or buff) must be worn. A surgical, KN95, or similar mask can be worn in lieu of face coverings.
		Training on the task risks and how to properly wear, store and clean personal protection equipment
		Maintain 6 foot distancing whenever possible during the course of work. If PPE requires cleaning or replacement ensure 6 foot distancing is obtained before removing.
Bias/Graffiti Awareness Training	Job-site Violence, low moral, negative reflection of TCCo Reputation with Client & Trade partners, Escalate to possible job shut down and civil unrest	Orientation Video & Follow 16 Turner Protocols, Incorporate into Orientation and Pledge, Place job site Bias posters, Maintain daily cleaning logs
INSPECT AND PREPARE AREA FOR WORK	Trips & falls, electric wires, debris, blocked egress, poor lighting, obstructions, water hazards, elevation changes	Housekeeping/insure area is clear, cord management, situational awareness, clear egress paths, add temp lighting, flag/mark/block water or elevation change hazards, communicate issues
SETUP TOOLS, MATERIAL & EQUIPMENT	Electrocution, equipment/tool failure, debris, cuts / sharp edges, excessive debris/dust hazards, burns	Clean & inspect all tools, power equipment, electrical cords and equipment for proper operation, use GFIs at source, lift and ladder inspections & tags, scaffold inspection & tags, proper PPE

SCAN COPY OF PTP & EMAIL TO WMOREAUX@TCCO.COM BY 8AM DAILY

COMPANY: _____ SUBCONTRACTOR FOR: _____ DATE: _____

TRADE / SCOPE OF WORK: _____ SHIFT: _____

List Materials, Tools, Other to be Handled or Moved	List Mechanical Aids to be Used for This	Or for Each Manual Handling Task List Safety Controls

PTP - Documentation of Worker Review

Review PTP (and revise if necessary) with all workers before performing the tasks. Submit PTP with signature sheet to Turner.

By signing below, I acknowledge I attended the Pre-Shift Safety Huddle on the date indicated above, I have reviewed the Pre-Task Plan for my assignment, I was properly equipped and trained for my assignment, and I was not injured on site the previous workday without reporting it to my employer and Turner Construction.

	PRINT NAME	SIGNATURE		PRINT NAME	Signature
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

SCAN COMPLETED PTP & EMAIL TO WMOREAUX@TCCO.COM BY 8AM DAILY